



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO0241

Work Order Type: Weatherization

Audit Name: 14014SO0241

CLIENT INFORMATION

Client Name:

Address:

Client ID: 14014SO0241

SHELBYVILLE, TN 37160

Alt. Client ID: BEDFORD

AGENCY INFORMATION

Agency: SOUTH CENTRAL HUMAN RESOURCE AGENCY

Agency Phone: (931) 433-7182

Address: 1437 WINCHESTER HIGHWAY

Fax: (931) 438-0074

FAYETTEVILLE, TN 37334-2001

Email Address: e.satterfield@schra.us

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

****WEAK TILE CEILING IN LVROOM - COULD ONLY REACH 35PA****

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Measures

Measure 1 Infiltration Redctn

Components

Inspected

- Comment** 1. REDUCE AIR INFILTRATION BY 1716 CFM'S
2. CAULK AROUND ELECTRICAL BOX
3. SEAL DUCT WORK USING MASTIC AT REGISTERS TO TEST 1.0 OR LESS
4. SEAL A/C'S USING BLUE BOARD AND CAULK
5. W/S FRONT, BACK, SIDE AND UPSTAIRS ACCESS DOOR

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------------|------------------------|-------|-----|-----------|-------|--------|-----------|-------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Miscellaneous Supplies | Infiltration Reduction | Each | 1 | | | | | |
| 2 | Labor | LABOR | Hour | | | | | | |

Other Detail

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Measure Sub Total:

Sub Total:

Field Notes:

Measure 2 DWH Pipe Insulation

Components

Inspected

Comment

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------|-----------------------|-------|-----|-----------|-------|--------|-----------|-------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | DHW Pipe Insulation | Each | 1 | | | | | |
| 2 | Labor | DHW Pipe Insulation | Each | 1 | | | | | |

Other Detail

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Measure Sub Total:

Sub Total:

Field Notes:

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Measure 3 Floor Ins. R-19**Components** F1**Inspected****Comment**☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------|---|-------|------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | Floor Insulation - Fiberglass Batts - R-19 | SqFt | 1157 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Floor Insulation - Fiberglass Batts - R-19 | SqFt | 1157 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Detail

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Wall Insulation****Components** WL1 (2),WL1
(4),WL1 (5),WL1 (6)**Inspected****Comment** INSULATE 14'X33' ADDITION ON EAST END OF HOUSE☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------|---|-------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | Wall Insulation - Blown Cellulose - 2x4 Filled | SqFt | 624.6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Wall Insulation - Blown Cellulose - 2x4 Filled | SqFt | 624.6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Detail

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 5 Attic Ins. R-30**Components** A1**Inspected****Comment**☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------|---|-------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | Attic Insulation - Blown Cellulose - R-30 | SqFt | 462 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Attic Insulation - Blown Cellulose - R-30 | SqFt | 462 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Detail

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Measure Sub Total:**Sub Total:****Field Notes:****Measure 6 Fix Improper Venting (Clothes Dryer)****Components****Inspected****Comment**☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|-------------------------|-----------------------|-------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Health and Safety Items | Metal Flex | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Labor | Hour | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Detail

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 7 PressureRelief Piping Needed**Components****Inspected****Comment** EXTEND POP OFF☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---------------------------|-------------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Health and Safety Items | Pressure relief piping | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Labor | Hour | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: | | |

Field Notes:**Measure 8 Smoke Detector is Needed****Components****Inspected****Comment**☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---------------------------|-------------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Health and Safety Items | Smoke / Carbon detector | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Labor | Hour | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: | | |

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**Measure 9 Vapor Barrier Needed
(Basement/Crawlspace)****Components****Inspected****Comment**

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------|-------------------------------------|-------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | Basement / crawlspace vapor barrier | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Labor | Hour | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Detail

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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